

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002846

Entity Name: A.J.S. HALLOWAY, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1918 SE 17TH ST
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

16 PINE TRACE WAY
OCALA, FL 34472

New Mailing Address:

FEI Number: 59-3616674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOWAY, RESHETA F
12810 CEDAR FOREST DR
APT 304
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALLOWAY, ALVA M
Address: 16 PINE TRACE WAY
City-St-Zip: OCALA, FL 34472

Title: DT () Delete
Name: HALLOWAY, RESHETA F
Address: 12810 CEDAR FOREST DR
City-St-Zip: TAMPA, FL 33625

Title: DS () Delete
Name: LEE, REGINA A
Address: 2540 SOUTHERN AVE
City-St-Zip: WASHINGTON, DC 20020

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: HALLOWAY, ALVA M
Address: 16 PINE TRACE WAY
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVA HALLOWAY

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date